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6 Attorneys for Defendants
Don Wong and Mar Shee Wong, as Trustees of
7 the Wahong Bill Wong Bypass Trust, under
Declaration of Trust dated June 20, 1997
8

9 UNITED STATES DISTRICT COURT

10 NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION
11

12 CRAIG YATES,

13 Plaintiff,

14 vs.

15 CIGARETTE DEPOT; DON WONG and
MAR SHEE WONG, as Trustees of the
16 WAHONG BILL WONG BYPASS TRUST,
under Declaration of Trust dated June 20,
17 1997; and ALI M. JAMIL;

18 Defendants.
19

CASE NO. CV-10-2484-EDL

**NOTICE OF CHANGE IN COUNSEL
AND ~~PROPOSED~~ ORDER**

Judge: Hon. Elizabeth D. Laporte
Trial Date: Not set

20 TO THE COURT, ALL PARTIES OF RECORD AND THEIR ATTORNEYS:

21 PLEASE TAKE NOTICE that Defendants Don Wong and Mar Shee Wong, as Trustees of
22 the Wahong Bill Wong Bypass Trust, under Declaration of Trust dated June 20, 1997 ("the
23 Wongs"), hereby request the following change in counsel:

24 The Wongs' former attorney of record Brennan J. Newsom passed away on or about
25 November 11, 2010. (See Declaration of William J. Newsom, attached hereto and incorporated by
26 reference herein.) The Wongs hereby request the Court approve the substitution of the following
27 attorneys as attorneys of record in the place and stead of Brennan J. Newsom (now deceased):

28 / / /

FROM : WONG

FAX NO. : 4156689056

Mar. 24 2011 06:40PM P3

1 Jeffery P. Woo
 2 Harrison T. Nam
 3 Cooper, White & Cooper LLP
 201 California St., 17th Fl., San Francisco, CA, 94111
 4 telephone: (415) 433-1900; facsimile: (415) 433-5530
 e-mail: jwoo@cwclaw.com; hnam@cwclaw.com

5 We consent to the substitution.

6 DATED: March 24, 2011

WAHONG BILL WONG BYPASS TRUST.

7
 8 By:

Don Wong Mar Shee Wong
 Don Wong and Mar Shee Wong, Trustee of the
 WAHONG BILL WONG BYPASS TRUST,
 under Declaration of Trust dated June 20, 1997,
 Defendants/Cross-Complainants

11 I consent to the substitution.

12 DATED: March 26, 2011

COOPER, WHITE & COOPER LLP

14
 15 By:

Jeffery P. Woo
 Jeffery P. Woo, Esq.
 New Counsel for Defendants/Cross-
 Complainants DON WONG and MAR SHEE
 WONG, as Trustees of the WAHONG BILL
 WONG BYPASS TRUST, under Declaration
 of Trust dated June 20, 1997

18 I consent to the substitution.

19 DATED: March 23, 2011

22
 23 By:

William J. Newsom
 William J. Newsom, Esq.
 Executor of the Estate of Brennan J. Newsom,
 Former Counsel for Defendants/Cross-
 Complainants DON WONG and MAR SHEE
 WONG, as Trustees of the WAHONG BILL
 WONG BYPASS TRUST, under Declaration
 of Trust dated June 20, 1997

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COOPER, WHITE
 & COOPER LLP
 ATTORNEYS AT LAW
 201 CALIFORNIA STREET
 SAN FRANCISCO, CA 94111

651871.1

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CASE NO. CV-10-2484-EDL

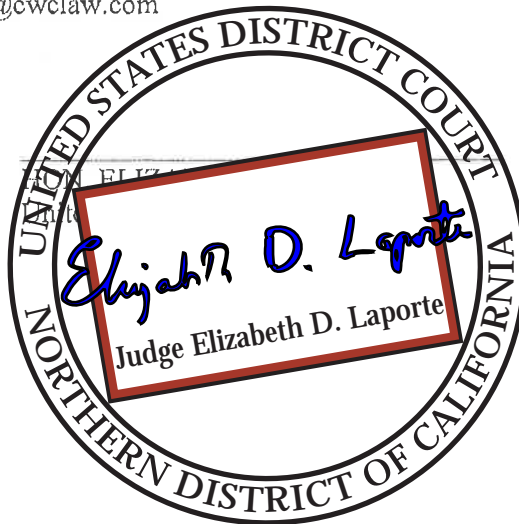
NOTICE OF CHANGE IN COUNSEL AND [PROPOSED] ORDER

ORDER

IT IS ORDERED that the request of Defendants Don Wong and Mar Shee Wong, as Trustees of the Wahong Bill Wong Bypass Trust, under Declaration of Trust dated June 20, 1997, to substitute the following attorneys as attorneys of record in place and stead of Brennan J. Newsom (now deceased) is hereby GRANTED:

Jeffery P. Woo
Harrison T. Nam
Cooper, White & Cooper LLP
201 California St., 17th Fl., San Francisco, CA, 94111
telephone: (415) 433-1900; facsimile: (415) 433-5530
e-mail: jwoo@cwclaw.com; hnam@cwclaw.com

Dated: March 30, 2011



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7 UNITED STATES DISTRICT COURT
8 NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION
9

10 CRAIG YATES,

11 Plaintiff,

12 vs.

13 CIGARETTE DEPOT; DON WONG and
14 MAR SHEE WONG, as Trustees of the
15 WAHONG BILL WONG BYPASS TRUST,
under Declaration of Trust dated June 20,
1997; and ALI M. JAMIL,

16 Defendants.
17

CASE NO. CV-10-2484-EDL

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**DECLARATION OF WILLIAM J.
NEWSOM REGARDING SUBSTITUTION
OF COUNSEL**

I, William J. Newsom, declare:

1. I am over 18 years of age, and personally familiar with the facts set forth in this declaration. If called as a witness I could and would competently testify to the matters stated herein.

2. On November 11, 2010, my father Brennan J. Newsom ("Mr. Newsom") passed away after an extended fight with lung cancer. A death certificate is attached hereto as Exhibit A.

3. Mr. Newsom was the attorney of record for Defendants.

4. My brother Eric and I were designated co-trustees of Mr. Newsom's trust and executors of his estate.

1 5. My brother and I returned all of the Defendants' files and advised them to obtain
2 new counsel.

3 6. Defendants have obtained new counsel to represent them in the above captioned
4 matter and wish to them as counsel of record.

5 I declare under penalty of perjury under the laws of the United States of America that the
6 foregoing is true and correct.

7 Executed on March 23, 2011, at San Francisco, California.

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10 William J. Newsom
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Exhibit A

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

3201021001674

DATE FILED MONTH		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (V-1 (REV. 3/01))		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) BRENNAN		2. MIDDLE JOHN		3. LAST (if any) NEWSOM	
4. DATE OF BIRTH mm/dd/yyyy 02/25/1938		5. AGE Yrs. 72		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 550-50-0337		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDM (at time of death) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 11/11/2010		8. HOUR 24 Hour 0145	
13. EDUCATION - Highest Level/degree (see worksheet on back) DOCTORATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SELF EMPLOYED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) LAWYER		19. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 316 DONAHUE STREET					
21. CITY SAUSALITO		22. COUNTY/PROVINCE MARIN		23. ZIP CODE 94965	
24. YEARS IN COUNTY 34		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ERIC NEWSOM, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 401 REDWOOD AVENUE, CORTE MADERA, CA 94925			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST WILLIAM		32. MIDDLE ALFRED		33. LAST NEWSOM	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST CHRISTINE		36. MIDDLE -	
37. LAST (BIRTH NAME) BRENNAN		38. BIRTH STATE CA		39. BIRTH DATE -	
39. DISPOSITION DATE mm/dd/yyyy 11/19/2010		40. PLACE OF FINAL DISPOSITION DUTCH FLAT CEMETERY DUTCH FLAT, CA			
41. TYPE OF DISPOSITIONS CR/BU		42. SIGNATURE OF EMBALMER EDWARD LEON		43. LICENSE NUMBER EMB8320	
44. NAME OF FUNERAL ESTABLISHMENT MONTE'S CHAPEL OF THE HILLS		45. LICENSE NUMBER FD602		46. SIGNATURE OF LOCAL REGISTRAR FRED S SCHWARTZ, MD	
47. DATE mm/dd/yyyy 11/18/2010		48. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ETCOP <input type="checkbox"/> DOR <input type="checkbox"/> TRACKER <input type="checkbox"/> NURSING HOME/TC <input type="checkbox"/> DOMESTIC HOME <input type="checkbox"/> OTHER			
101. PLACE OF DEATH KAISER PERMANENTE HOSPITAL		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 99 MONTECILLO ROAD		103. CITY SAN RAFAEL	
104. COUNTY MARIN		105. CAUSE OF DEATH Enter the chain of events - Causes, manner, or complications - that directly caused death. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or vascular function without showing the etiology. DO NOT ABBREVIATE. RESPIRATORY FAILURE METASTATIC CANCER TO LUNG			
106. IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE		107. UNDERLYING CAUSE (Primary cause of death) METASTATIC CANCER TO LUNG		108. DEATH PRECEDED BY OTHER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. DEATH PRECEDED BY OTHER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
114. I CERTIFY THAT THE BEST OF MY KNOWLEDGE OR REASONABLE BELIEF AT THE TIME OF DEATH AND PLACE STATED FROM THE CAUSE(S) STATED Distant Attended Since 11/01/2010		115. SIGNATURE AND TITLE OF CERTIFIER MARK ROGER TAYLOR M.D.		116. LICENSE NUMBER G79457	
117. DATE mm/dd/yyyy 11/11/2010		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE AIRI HEIDI KOPPEROINEN M.D. 99 MONTECILLO ROAD, SAN RAFAEL, CA 94903			
119. COUNTY IN WHICH DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 11/11/2010	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*010001001637205*			

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORD SECTION, MARIN COUNTY PUBLIC HEALTH DEPARTMENT.

Fred S Schwartz, M.D.

Fred S. Schwartz, M.D.
Marin County, California

11/11/2010

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.

POST 01-01-1110

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